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ABSTRACT

Those in continuing education for professional nurses believe that higher education needs to be involved in programs such as continuing education. Not until 1955 and the onset of state and federal programs designed to assist universities with higher education provisions was the impact on continuing education for nurses felt. Between 1957 and 1962 the establishment of nursing education and continuing education components as integral parts of interstate higher education commissions constituted a major breakthrough. Continuing education for nursing has snowballed due to such things as recognition of advances in medical science and related fields. But moves for relicensure requirements have been slow; presently only eight states have mandatory laws. The recommended requirement for licensed R.N.'s is thirty contact hours every two years. Since the 1975 American Nurses Association accreditation process began, twelve university nursing schools now offer accredited continuing education programs. There are many barriers to university-based continuing education programs in nursing; for example, administration views continuing education as a money maker, yet continuing education is expected to be self-supporting. Many barriers can be overcome if program support is viewed similarly to support for academic programs. Continuing education programs which support the advancing nursing profession must be developed. (CSS)

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PRESENT STATUS AND FUTURE DIRECTIONS OF UNIVERSITY-BASED CONTINUING EDUCATION IN NURSING

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

It is particularly a pleasure to be participating with you in this program today because it indicates that The National University Extension Association and the universities whom you represent, recognize the need for a better understanding of how Continuing Education in Nursing fits into the long established pattern of Continuing Education in University Extension programs.

The time has come when universities no longer can mix apples and oranges in the mass production of Continuing Education across the board, resulting in being all things to all persons. Although higher education acclaims Continuing Education, or lifelong learning, as the wave of the future, all too often, the reality of the situation is that this acclaim for Continuing Education is in the context of the financial salvation for institutions of higher education.

Those of us in Continuing Education for professional nurses believe that:

Higher education needs to be involved in programs such as ours because, as professionals, we should not be denied access to learned professors and the results of university research;
By the same token university professors need contact with practicing professionals.
We further believe that we should be viewed as professionals by being intimately involved in all of the planning and implementation of Continuing Education in Nursing.
We do not want the job to be done for us!

For those of you who are present because you wanted to hear about how Continuing Education in Nursing fits into an integrated pattern of the Continuing Education Division in University Extensions Divisions, you may have come to the wrong session. The profession of nursing views Continuing Education in Nursing as a different breed from that of General Continuing Education Studies. As a profession which involves dealing with life and death situations and which is highly oriented to face-to-face relationships with a wide range of other professionals as well as with patients/clients, there are many approaches to Continuing Education in Nursing which make it a part of Continuing Education, yet make it distinct from the general concept of the meaning of Continuing Education currently held by most universities.

Although this presentation is labelled "Nursing", in deference to the mixed audience, much of the discussion about Nursing can also apply to any number of other kinds of professions. Therefore, there will be times when I may deviate from the topic of Nursing to that of the professions. I hope that you will take time to digest and re-examine what I have to say in an effort to see how it, in truth, could apply to other professions.

There are differences and similarities between Professional Continuing Education and General Continuing Education, such as:

General Continuing Education	Professional Continuing Education
1. Is designed for those returning to some form of higher education program after an interval away from the classroom.	1. Is designed for those who are building upon previous education, training and experience.
2. Embraces the concept that more of everything is better; This concept gives rise to generalized Continuing Education Programs for all who will come.	2. Embraces the concept of advancing the profession as a whole, looking at the distinctive educational requirements of each profession.
3. Is "people-oriented" to current and perhaps future trends, but becoming as end in itself.	3. Is profession oriented, becoming a means to an end in that the professional ultimately exists to serve society and its needs.
4. Planned by persons with varied backgrounds, often using a serendipitous approach along with some adult education principles.	4. Planned by those in the ascribed profession using adult education principles.
5. Learners exhibit a voluntary commitment to learning to meet their immediate, perceived needs, thus the learning experience can be enjoyed more.	5. Professionals seek access to learner professors and results of university research for keeping up-to-date in own field. In nursing, learners must also keep up-to-date on Management Techniques, Computer Sciences, Labor Relations, Government Policy, and some knowledge about associated professional disciplines. Learners are motivated while in a voluntary situation; but mandatory restraints cause Continuing Education credentialing to be the end rather than means to an end.

General Continuing Education	Professional Continuing Education
6. Define all of Continuing Education--General and Professional--as any courses, credit or non-credit, offered off-campus.	6. In Professional Nursing, Continuing Education is defined as planned learning experiences beyond a basic nursing educational program. Activities are built upon Adult Education principles and are distinct from education toward an academic degree; of shorter duration; specific to the individual's immediate or rapidly changing needs; and having immediate application to the ongoing goals of the learner. Such experiences are designed to enhance nursing practice, thus improve health care to the public.

HISTORICAL PERSPECTIVES

Although much of the current literature alludes to the recent development of Continuing Education in Nursing, some form of Continuing Education for Nurses has been present since the days of Florence Nightingale. One of her frequent admonitions to the nurses whom she taught was, "Let us never consider ourselves as finished nurses--we must be learning all of our lives". (1)*

However, prior to the turn of the century and even for the first two to three decades of the twentieth century, the General Educational System in our country did not encourage the education of women, nor did it generally support Continuing Education.

During the early 1900's Nursing Education was considered a woman's "vocation", with more of the education, or more correctly, the "training", being accomplished outside of or on the periphery of colleges and universities. Thus, nurses were not encouraged to think about life-long learning and few avenues to do so were open to them.

Between 1900 and 1930, Nursing Alumni Associations, large teaching hospitals, and a few universities offered sporadic post-graduate courses or summer credit courses for nurses preparing to enter new fields of nursing. The advent of the depression made somewhat of an impact upon an early form of Continuing Education for Nurses. Hospitals found themselves needing nurses, but had little financial resources to pay them; nurses no longer enjoyed the luxury of being employed as private duty nurses; therefore, hospitals offered the carrot of room and board, and some post-graduate lectures given by physicians or others in authoritative positions in the hospital, and little or no salary, in exchange for nursing services (12 - 24 hours a day). In some instances, the post-graduate "courses" were well-planned and presented, but a proliferation of these practices soon brought about the recognition that the educational aspect of such arrangements was below par, leading to the exploitation of nurses.

At about this same time, the effects of World War II gave way to new approaches to nursing and nursing education. Inactive nurses seeking to contribute to the war efforts returned to nursing, but found that nursing practice had changed. Hospitals, desperate for nurses, established refresher courses in return for the nurses' services, either on a paid or a voluntary

*Numbers refer to numbered Bibliography Listing.

basis. Some refresher courses were well planned and implemented; others were poorly done. By today's standards, few would have passed the test of "Quality Continuing Education"; yet the concept attested to the fact that nurses did indeed need additional learning experiences in order to provide safe nursing care.

In the late 1940's, the University of Pittsburgh School of Nursing provided the first "quality" Continuing Education courses on a regular basis via a University System.

However, it wasn't until 1955 that any real impact on Continuing Education in Nursing began to be made by the universities, professional organizations, and alumni associations. Much of this early involvement was spawned by state and federal programs designed to assist universities in the provision of higher education. During this time, the thrust of many of these programs impacted heavily upon nursing.(1)

Between 1957 and 1962, three regions of the U.S. formed regional interstate compacts of higher education. Through the efforts of dedicated and concerned nursing leaders, nursing education became an integral part of these Higher Education Commissions by the formation of Councils on Nursing Education with sub-sections on Continuing Education in Nursing. These included:

1956	WICHE	Western Interstate Council in Higher Education (11 states)
1957	WCHEN	Western Council on Higher Education in Nursing and Sub-Group, Seminar on Continuing Education.(2)
1962	SREB	Southern Regional Education Board (14 states)
1963	SREB	Council on Collegiate Education for Nursing
1969	SREB	Conference Group on Continuing Education in Nursing(3)
1962	NEBHE	New England Board of Higher Education (6 states)
1969	NECHEN	New England Council of Higher Education in Nursing
1970	NECHEN	Continuing Education Interest Group (4)
1978	NECHEN	NEBHE Awarded 3-year HEW Grant to coordinate Continuing Education activities for nurses

The establishment of Nursing Education and Continuing Education components as integral parts of these interstate higher education commissions constituted a major breakthrough in Nursing Education and in Continuing Education in Nursing within the structure of colleges and universities. The thrust was that of a regional approach to cooperative planning for Continuing Education via member colleges and universities in each of these regions. In each instance, funding was obtained from federal agencies or from private foundations to establish specific types of programs in one or more universities in the given region. While these early efforts provided faculty for Continuing Education Programs in colleges and universities and served to upgrade the quality of teaching for all of collegiate nursing, their greatest accomplishment was that those universities/colleges becoming member institutions of the interstate compacts reflected institutional administration commitment to support Continuing Education Programs in Nursing to the extent of providing the same priorities as those given the traditional teaching and research functions of higher education. Also, such programs, being affiliated with a regional board functioning within the defined goals and objectives of the regional compact, afforded the nursing programs the use of the regular channels established by the compact agency for regional planning and for providing a base for seeking funds from outside sources.

The efforts and positive results of these three regional councils prompted the "have-not" states to form their own coordinating efforts outside of a framework of interstate compacts. In 1967, eight midwestern states formed a group known as the Midwest Continuing Professional Education for Nurses (MCPEN) which was a federally funded project for the planning and coordination of Continuing Education activities.(5) In 1971, another federally funded project involving five North Central states became operational.(6) These two projects served as catalysts for establishing additional Continuing Education Programs in Nursing based on survey data and recommendations made available via these planning grant activities. Lacking recognized state sanctioning such as the regional interstate compacts, the initial projects were discontinued at the end of the funding periods, but the projects served a vital purpose in organizing individual colleges and universities and professional organizations for the continuation of the programs and for establishing new Continuing Education Programs in Nursing.

In 1970, nurses in Indiana recognized that Indiana was one of the three or four states having no type of regional affiliation. Therefore, a statewide plan for providing Continuing Education for Nurses in Indiana via the colleges/universities was established. The project, known as the Indiana Statewide Plan for Continuing Education in Nursing, (ISPCEN) received a one-year federal planning grant, followed by a three-year implementation grant funded by the W.K. Kellogg Foundation.(7)

> This project resulted in the establishment of ten regional centers in Indiana colleges/universities for the purpose of providing full-time Continuing Education Programs for Nurses in most parts of the state of Indiana.
>
> The project also was responsible for a number of other vital contributions to the field of Continuing Education in Nursing in Indiana, such as, submitting eleven recommendations about Continuing Education in Nursing to the Indiana Higher Education Commission and dissiminating statewide information to nurses regarding the availability of Continuing Education offerings.
>
> Now that the funding has ended, the Regional Centers offer Continuing Education in Nursing as a part of the university system, either through the School of Nursing or in cooperation with the Continuing Education Divisions.

The statewide coordination efforts are continuing under the auspices of the Indiana State Nurses' Association, using volunteer committee members from those of us who have been involved in the project. While the continuation of this project by each university is not without its problems, the organizational concept has served as a prototype for other states.

Since the late 1960's, the ANA has been actively involved in a variety of activities having lasting effects upon the growth of Continuing Education in Nursing. Whenever Federal Legislation to provide funding for selected types of Continuing Education Programs for Nurses is being debated and acted upon, the lobbying activities of the ANA makes such proposals a reality and serves further, to inform its constituent nurses about the necessity for life-long learning. Comprehensive programs to keep nurses informed about peer review, quality assurance programs and related federal

legislation affecting health care delivery. In 1971, the ANA conducted a national survey to determine the availability of Continuing Education for Nurses and to assess the needs of nurses regarding Continuing Education.

In 1969, the first National Conference on Continuing Education in Nursing was held in Williamsburg, Virginia as a means of bringing together those persons directly involved in Continuing Education in Nursing. Issues, problems and directions to be taken were addressed, as well as the need for a national group to be formed to speak to the issues and act with a united purpose. As this group continued to meet annually, there evolved a pattern of organization which became an official part of the ANA in 1973. This group, known as the ANA Council on Continuing Education co-sponsors an annual conference on Continuing Education in Nursing with a university-based School of Nursing Continuing Education Program for purposes of providing its members with opportunities to keep up-to-date on Continuing Education in Nursing and to address emerging national and regional problems related to Continuing Education in Nursing.

From this group alone, one can visualize the rapid growth of Continuing Education in Nursing--attendance and participation at these annual meetings had grown from that of 100 participants in 1969 to over 400 participants in 1977. The Council has many active committees addressing current issues in Continuing Nursing Education.

CURRENT PRACTICES (Where we are today in Continuing Education in Nursing)

Since 1970, Continuing Education in Nursing has snowballed as a result of:

1. Recognition of rapid changes and new technologies in Medical Science and related fields affecting Medical Science and Nursing practice. There are varying estimates of rapidity of change in knowledge base:

   5-7 years after completion of formal education, ½ knowledge out of date
   A generation of new knowledge is created every two years
   For engineers, all knowledge is obselete in ten years(8)
   60 Million pages of new information on Science/Technology alone is printed each year
   ½ life of Nursing Education is 5 years
   Nurses must gain equivalent of a new degree in the field

2. The female dominated profession produces fluctuation of work-period; thus needs periodic up-date.

3. Social Legislation: Medicare, Medicade; Quality Assurance Programs; Peer Review; Third Party Payment Service; and impending National Health Insurance or Health Legislation.

4. The Joint Commission of Accreditation of hospitals demand are parallel to Federal Legislative Programs, but serve to increase demands because of their Accreditation Requirements for hospitals.

5. Proliferation of a variety of Health Workers, leading to new demands on knowledge and skills of each.

6. Variety of kind, length and content of Nursing Programs. Classic example--proliferation of community college and two-year Nursing Programs recognizing need to help their graduates fit into the mainstream of nursing.

7. Consumer demand for quality health care.

8. Threat of obsolence and threat of mandatory Continuing Education relicensure requirements as one means of providing continued competence in the field of nursing.

The measurement of the growth of Continuing Education in Nursing could be compared to that of estimating the size of an iceberg--2/3 of the iceberg is usually under water and undetected, with just the tip showing. In Continuing Education in Nursing, the growth has been rapid, proliferative and all-encompassing that it virtually has been impossible for our nursing organizations to keep an up-to-date accounting of the number and kinds of courses offered for nurses; the number of Continuing Education in Nursing providers; or the number of course participants in a given period of time on a national scale. (We have no National Data Bank at this time). Some states and some commercial firms offer these services but no accurate estimate can be tabulated. -- Only the tip of the iceberg shows!

The ANA study of 1971-1972 did reveal that, of the total number of organizations surveyed, 72% were comprised of colleges/universities, hospitals, and regional medical programs:

Colleges/Universities -	27.3%
Regional Medical Programs -	17.8%
Hospitals -	26.8%

At that time, the average number of courses was 5 per 1000 nurses.(10)

In Indiana, in 1971-1972, 101 courses were reported or .01 per 1000 nurses
in 1975-1976, 468 courses were reported (11) or .47 per 1000 nurses

Even a conservative estimate for 1978 is difficult to make because of the proliferation of providers. In addition to the University-based Continuing Education Programs for Nurses, Hospitals, Public Health Agencies, Voluntary Health Agencies, Professional Organizations, Related Professional Organizations, and Commercial Companies, also are in the business of Continuing Education in Nursing in one form or another. Commercial Companies range from Pharmaceutical Companies to Medical and Nursing Equipment and Supply Houses to private organizations. In the state of California alone, where a mandatory requirement exists, as of January, 1978, there were 1500 providers, of Continuing Education in Nursing, 300 of which were commercial corporations offering such courses, not only in California, but on a national scale--for a price.(12)

Currently there are approximately 1500 University-based Schools of Nursing but there is no accurate estimate of how many offer Continuing Education for Nurses. An educated guess would be about 75%.(13)

The move to mandatory Continuing Education as a requirement for relicensure has been slow. At present:

8 states have enacted mandatory Continuing Education laws. (CA; COL; MASS; MIN; FLA; I; N.M.; and KAS)

4 States have State Board authority for some type of requirements (Oregon, NEB; N.D. and S.D.)

7 States are contemplating laws.

While the growth of Continuing Education providers appears to be proliferative and difficult to measure, if every state were to enact mandatory Continuing Education provisions for nurses, the availability of quality Continuing Education for all professional nurses would be most inadequate. (But, at least it would be reported and measurable).

I played your "what if" game regarding this matter, just to give you a feel for our current status and projected need:

Currently there are approximately two million licensed R.N.'s(13)

Approximately 75% of these are in the work force(13)

The recommended amount of mandatory Continuing Education requirements is 30 contact hours every two years.

"What if" two million nurses needed to meet the requirement of 30 contact hours every 2 years?
There would need be:

Sixty million contact hours provided every two years
Assuming that the average time for each Continuing Education offering is 12 contact hours,
Five million Continuing Education courses would be needed every 2 years.

"What if" only University-based Continuing Education in Nursing Programs offered these courses?

Each of the 1500 University-based Schools of Nursing would need to offer:

3,333 Contact Hours every 2 years
or
139 Contact Hours per month
or
12 Courses (12 hrs. each per month) -- 24 days per month
or
144 per year

By comparison, my own Continuing Education in Nursing Department here at the I.U. School of Nursing, offered a total of 36 courses in 1977-78. And, we offer more courses of longer duration than any other School of Nursing in Indiana. However, we also service a smaller volume of numbers of nurses because we do not operate on a philosophy of mass-produced, mass-attended lecture-type, pour-it-on, provision of courses.
For our department to offer these 36 courses for about 700 nurses, we:
Averaged 9 days per month of course offering
With a range of 4-19 days per month for a total of 106 days,
And we know we over-extended ourselves to do this amount.

It is obvious that in the field of Professional Nursing alone, there is an evergrowing need for Quality Continuing Education activities to be made available to nurses. Nurses want and expect Continuing Education to be

offered at convenient times, close to home or work, and, preferably, at no cost. But, if forced, will pay some fees. Many employees currently pay the fees; some pay all expenses; most pay for time off.

However, the changing economic conditions all of us are facing are reflected in a trend toward requiring nurses to pay either all or some of the fees and expenses, and some must attend courses on their free time. As we progress to mandatory requirements, there will be a definite shift to nurses having to bear their own Continuing Education costs because employers will not be able to afford the course costs for all nurses plus the replacement costs for lost time at work. With the current trend towards cost-containment controls, in hospitals, it is unlikely that even a portion of such costs will be passed on to the consumer.

This bit of "crystal-balling" gives us clues to that which must be done by universities.

Professionally, the ANA has set standards for the provision of quality (educationally sound Continuing Education in Nursing offerings). The standards have been adopted for use by many State Nurses' Associations, a number of universities and others.

In addition, the ANA has an accreditation system for accrediting colleges/universities offering Continuing Education Programs administered by nurses.

It also accredits other kinds of agencies who meet the criteria;

And grants approval of single Continuing Education offerings to commercial agencies and others not involved in full-scale Continuing Education activities.

This accreditation process was initiated in November, 1975. To date, 12 University-based Schools of Nursing are accredited by ANA to offer Continuing Education Programs. Of these, 5 are located in Indiana. In addition, many State Nurses' Associations have been approved by ANA to both provide Continuing Education in Nursing and also to approve courses and programs of sponsors in their respective states. This particular force in the nursing profession has had a decided impact on:

The nurse seeking Continuing Education--looks for quality offerings

The sponsor--improvement of quality of programs to meet standards

A typical profile of a University-based School of Nursing Continuing Education program includes:

1. Is expected to be totally or almost totally self-supporting.
2. Has one or perhaps 2 full-time faculty members with preparation in Nursing and Adult Education.
3. Utilizes consulting or guest faculty for much of teaching.
4. Has part-time to full-time secretarial assistance.
5. Some units have a cooperative arrangement between School of Nursing and the Continuing Education Division for support services.
6. Some schools have some type of grant support.
7. Most schools offer 1-2 day courses for Continuing Education Units--Most often 1 day or less.

8. Courses are based on needs assessments, but more often than not they are "crash" courses designed to "put out the brush fires"; often are to large audiences; but usually do involve participation of the learner.
9. Clinical components or work sessions often are built into the offering.

Although we have progressed tremendously in less that ten years, we find many practices which are disconcerting to us and which are perceived by us as barriers to quality University-based Continuing Education Programs in Nursing.

The following "laundry list" of barriers to University-based Continuing Education Programs in Nursing are applicable, in many instances, to Continuing Education in many fields--General or Professional:
(Many of these barriers may either be minimal, or not barriers, depending upon the particular setting).

1. The Continuing Education Program is viewed by administration as the salvation of the university relative to making money; yet the program is expected to be self-supporting, with virtually no provision for funding via a budget allocation through the university system.
2. The Continuing Education Program is not administered on a plane with other academic programs because it is perceived as a threat to academic standards and does not grant an academic degree.
3. The Continuing Education Program tends to be placed in the category of community service rather than a program involved in teaching, research and community service.
4. There is lack of opportunity to interact with total university structural units. This hampers the effectiveness of planning and implementing of interdisciplinary courses for nursing and related professionals.
5. There is a lack of qualified administrators and faculty members to provide quality Continuing Education in Nursing. Those who <u>are</u> prepared to administer and teach in these programs find they are ill-equipped or are neophytes in such areas as Marketing, Cost Accounting and Cost-Effectiveness.
6. In many university settings, Continuing Education courses are being planned for professional nurses by non-nurses who really have limited information about the profession of nursing, the real needs, resources and facilities needed or the standards upon which quality Continuing Education Programs in Nursing are assessed.
7. Educational policies associated with external degree programs frequently are in conflict with our professional requirements i.e., without input from the profession, life-experience blanket credit granted for Continuing Education without validation from nursing.
8. University Administrative Officers often do not understand the definition and mission of Continuing Education in Nursing.
9. Continuing Education in Nursing is often viewed by other faculty members as "less than" academic and as a bad dream. (In one university study, some faculty members reported that their participation in Continuing Education courses was viewed as "the kiss of death" regarding their opportunity for promotion.)(14)
10. University-based Continuing Education teaching is often viewed as "ivory tower".
11. The standards of quality set by Continuing Education Programs in Nursing often are viewed as too rigid by those responsible for planning.

12. Universities offering automatic Continuing Education Units for the General Continuing Education courses in Nursing see no need for quality approval for Continuing Education Units for the Continuing Education courses in Nursing.
13. Continuing Education for Nursing has been primarily of a "crash programming" type, rather than having been planned in accord with sound principles of Curriculum Development.
14. Many Continuing Education activities fail to provide for follow-through to determine the degree, if any, of change which has taken place in the work setting.
15. While we subscribe to the concept of teaching to those who can return to their place of employment and teach others that which they have learned, this practice becomes competitive for some universities.
16. There often is a dichotomy between the wants of adult learners and the needs of society.
17. Many employers are becoming reluctant to release nurses from the job-settings, either for attendance at courses or for teaching purposes.
18. The cost of Continuing Education for Nurses becomes almost prohibitive to consumers and employers, causing nurses to participate in "freebie" courses offered by our competitors.
19. The financial base provided for Continuing Education in Nursing is insufficient to reach all who need and seek it in both urban and rural areas.
20. The financial aid system afforded academic students does not include Continuing Education students.
21. Those providing University-based Continuing Education for Nursing often are faced with the dilemma of length, quality, and level of instruction vs. the need for enrollment of vast numbers of any type of learners to meet the cost.

OVERCOMING THE BARRIERS TO CONTINUING EDUCATION IN NURSING

Many of these barriers can be overcome, but only if those of us in the field of Continuing Education--nursing or otherwise, find ways and means of doing so. The following suggestions might be helpful:

1. Support of Continuing Education Programs in Nursing needs to be viewed in the same way as support for academic programs. Academic programs receive budgeted funds based on the premise that the graduate contributes to the economy and to society, thus society makes substantial contributions through taxes resulting in government subsidies and private philanthropy. This same premise is true for adult learners -- they benefit individually, increase health care benefit to patients, increase the gross national product, and make citizens more productive and better able to cope with daily problems. Furthermore, these adults usually are expected to pay because they can afford to; not true, except for a few in upper pay brackets. The majority have a harder time than young persons because of home and family responsibilities.

2. Those of us in administrative positions must agitate for full-time professional status for the field of Continuing Education and for the faculty; our image must be changed if the rosy predictions about the future of Continuing Education in Nursing are to be a reality.

3. Continuing Education administrators and faculty must play the role of advocacy persons to interpret needs to top administration. This requires across the board faculty study and review, pushing the product and selves and pushing for representation at all levels of

university administration.

4. Teaching in Continuing Education must be viewed as a full-time occupation, affording its administrative and teaching faculty equal rights with other university counterparts, in order to attract best qualified career persons into the field. Take a stand not to employ "moonlighters" or "second best" personnel.

5. Administrators of Continuing Education Programs in Nursing must seek opportunities to work cooperatively with those administering external degree programs. The concern for provision of life-experience credit must be based upon standards and guidelines regarding the degree of supervised off-campus learning or life experience, and documented by the specified professional school as well as the external degree program.

6. Universities need to provide Graduate Education Programs to prepare administrators for Continuing Education in Nursing beyond the level of clinical and professional competencies.

7. Establishment of advisory committees with community membership assists in interpretation of the philosophy and mission of the Continuing Education Program in Nursing and assists in seeking legislative appropriations and philanthropic funding.

8. Establishment of some joint-appointments for nurses in the community who are experts in their particular field could assist in teaching in the program or in providing valuable clinical facilities and experiences.

9. Alternative ways of offering courses to nurses in rural areas must be developed.

10. Legislative assistance in the provision of scholarship funds for the adult learner as well as for students enrolled in academic programs must be sought.

11. Continuing Education fee structures must be consistently monitored to be certain that fees for part-time students of Continuing Education are no higher than fees for full-time academic students.

12. Costs of Continuing Education courses in Nursing need to be reduced by a variety of innovative approaches, such as, incorporating a percentage of teaching in Continuing Education into the FTE teaching load for the School of Nursing faculty; utilizing qualified graduate students, retirees and volunteers, and initiating a program of inter-institutional cooperation in some areas.

13. Continuing Education for Nurses must be viewed as a right rather than as a reward or a punishment.

14. Continuing Education courses for nursing need to be planned in sequential arrangements, building upon mastery of content from lower levels of attainment. By the same token, the level of expectation of learner outcomes need to match the general level of the participants in a given course.

15. Provision must be made to develop follow-up evaluation procedures to determine the degree of mastery of participants and the degree to which participants are able to implement changes in their work setting, based upon that which they learned in a given course.

16. More interdisciplinary courses planned and implemented by representatives from various professional schools must be developed as we move into a team approach to health care and as we attempt to establish better collegial relationships.

17. Each of us must learn to be less competitive. There is enough opportunity for offering courses to nurses for all of us if we broaden our perspectives and submerge our self-interest for the welfare of the group and our commitment to the profession and to the public for today's health care.

If we make a concerted effort in removing some of these barriers as suggested or in other innovative, creative ways, University-based Continuing Education Programs in Nursing will be able to exact at least a four-fold commitment from University Administration:

1. The development of an effective educational philosophy and system of Continuing Education in Nursing which is fully supported by the administrative boards and the faculty;
2. The establishment of a structural design that provides for quality Continuing Education Programs in Nursing;
3. The implementation of a Continuing Education Program for Nurses resulting in the achievement of competence needed to provide quality health care of our citizens, and;
4. The expansion of graduate programs for the education (preparation) of professional persons for the administration and teaching of Continuing Education for Nurses.

FUTURE DIRECTIONS OF UNIVERSITY-BASED CONTINUING EDUCATION IN NURSING

Although my crystal ball predictions may be somewhat cloudy, I believe it is safe to make the following statements about the latest developments and trends, based upon the events of the decade 1968 - 1978 relative to University-based Continuing Education Programs in Nursing:

1. Worldwide participation in learning by adults creates a need for a large proportion of nurses to build professional careers in Continuing Education. Nursing is just beginning to move in the direction of offering our own graduate programs in this field. However, while we continue to move in this direction we rely heavily on the University-based Schools of Adult Education, Education, Business and others to provide us with the needed skills beyond our own professional nursing skills. I cannot quote figures regarding the number of graduate programs for Continuing Education in Nursing because of the risk of missing new programs, but I can count them on one hand at this time.

2. The concept that Continuing Education Programs for Nurses be administered by nurses is becoming a necessity as more University-based Continuing Education Programs seek accreditation status via the professional nursing organizations.

3. Continuing Nurse Educators are beginning to think in terms of utilizing an anticipatory approach to the planning of Continuing Education courses, as opposed to the approach of putting out the brush fires.

4. There are sporadic but encouraging signs that University-based Continuing Education Programs in Nursing embarking upon the development of a total curriculum planning approach to offering their courses. Here in Indiana, we have begun such a project and are hoping to establish a Curriculum Development Model that could be used as a prototype for all universities and interested others in our state, and, of course in other states. This model includes:

   The definition of exit behaviors so that courses can be planned according to four levels of mastery;

   Provision of continuity and sequence of courses; and

   Coordination of courses on a inter-institutional basis to prevent duplication of effort.

   It is our belief that such an approach constitute a grant step towards becoming a recognizable and acceptable program of the university.

5. The movement to mandatory Continuing Education requirements for relicensure requires creativity in the use of sophisticated course planning, and in the use of innovative teaching strategies. The onus is on us to not only meet the demands of nurses but also to provide the quality needed to stimulate the desires of the learners to learn as opposed to satisfying their need to meet the mandatory requirements.

6. More effort is being made on all fronts to assist nurses to value lifelong learning, and to recognize their responsibilities for being lifelong learners.

7. Continuing Education Programs in Nursing are continuing to emerge as integral parts of either the total university system or of the Schools of Nursing, using nurses with Adult Education skills to administer these programs.

8. Independent study programs are beginning to emerge, and are being recognized as an absolute necessity if we are to provide sufficient amounts of Continuing Education for the Nursing population.

The following patterns of independent study are emerging:

1. Self-directed, planned contractual arrangements for a program of independent study either via multimediated materials, or specialized clinical practice or research, using a preceptorship.

2. Other-directed multimedia packaged independent study programs along with periodic validation of learning with a qualified instructor.

3. Provision of mediated programs for home use as the technological advances in the production of the hardware becomes available to the consumer at an affordable cost.

4. Within the next decade there also will be strategically located learning centers available for the supervised use of mediated courses and/or a rental system for home use; nursing, too, will be involved in providing suitable Continuing Education materials for use by nurses in these learning centers.

9. The evaluation of the impact of Continuing Education upon the quality of health care delivery is being required as a means of demonstrating the degree to which the nursing profession is accountable for continued competence in nursing. Many efforts are being made to provide this information and more currently are underway.

10. Research studies regarding Continuing Education in Nursing are emerging as a result of nurses enrolling in Doctoral Programs in the field of Adult Education of Continuing Education in Nursing -- this trend will continue and result in strengthening the field of Continuing Education as a recognized and appropriate part of university programming.

11. Adult Education information centers and adult counselling are beginning; too, will find its place within these systems, or begin to establish its own. This idea has been voiced since 1965, but has been slow to emerge.

12. There is a tremendous need for lobbyists to assist us in our struggle to gain financial support and to develop innovative approaches to Continuing Education in Nursing. Nurses are emerging as political activists and will exert their influence in this important area.

IN CONCLUSION --

I could cite numerous undesirable practices that are current outgrowths of economic problems of universities, but prefer to stress a positive approach that will facilitate our growth.

Continuing Education Programs that will effectively support the advancing profession of nursing must be developed. Although nurses early on learned problem-solving techniques and goal setting in the realm of patient care, nurses will need to concentrate on learning how to implement change within the work-setting, and how to exert enough political power to be an integral part of federal and community forces that are planning for nursing.

A variety of new kinds of learning is and will continue to be needed by nurses if they are to function as professionals in the health care industry and to facilitate the change process in order to apply the new knowledge in the work-setting.

Continuing Education is every nurse's responsibility, but this responsibility also must be shared by the employers, the professional organizations and by those of us in University-based Schools of Nursing,

using a future-oriented approach aimed at planning and implementing change.

Again, I say to you, we do not want the job to be done for us!

JES:saw
8/25/78

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